



Information Memorandum

Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Authorized by: Elizabeth Lopez, Administrator
Signature

IM Number: SPD-IM-03-081

Date: September 10, 2003

Subject: New Informational Notice: *Notification of Excess Resources* (SDS 3403)

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | X County DD Program Managers |
| X Area Agencies on Aging | X County Mental Health Directors |
| <input type="checkbox"/> Children Adults and Families | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Community Human Services | X Seniors and People with Disabilities |
| X Other (please specify): CHS Central Office Managers, CHS SDA Managers, CHS SDA Assistant Managers, CHS/SPD Line/Program Managers, SPD Central Office Staff | |

Message: The attached new form, the *Notification of Excess Resources* (SDS 3403) has been developed at the request of field staff. When a couple applies for Medicaid, a thorough resource assessment is completed. If the couple's resources exceed the limit for their particular situation, the application is denied. Historically, along with this denial, staff also let the applicants know, verbally, by how much their resources exceeded the Medicaid limit.

The couple would then often use their resources to pay privately for care ("spend down"), and return to apply for Medicaid when they had spent the amount that their resources exceeded the resource limit at initial application. However, they would fail to understand that if their resources should increase while they are "spending down", the amount that they need to spend down also increases. In other words, it is not the "spend down" amount that they must meet in order to become eligible, but the Medicaid resource limit that they must meet. Therefore, if they should sell an excluded resource or receive additional interest income or gain assets some other way, the amount that they must "spend down" is more than the amount of their excess resources determined at initial application.

This new notice was developed as a tool for notifying clients denied for excess resources of this process. It is an optional form to use only if staff find it useful. It does not include hearing rights and is not intended to replace the decision notice used to deny the application for excess resources.

If you have any questions about this information, contact:

Contact(s):	Joanne Schiedler		
Phone:	(503) 947-5201	Fax:	(503) 373-7902
E-mail:	Joanne.r.schiedler@state.or.us		



Notification of Excess Resources

SENIORS AND
PEOPLE WITH
DISABILITIES

SDS 3403

Client

Please review the information below regarding your application for Medicaid.

Resource overview

1

Countable resources at the time of application	\$
Resources allowed for applicant	\$2000.00
Resources allowed for your spouse	\$
Amount of excess resources	

You may spend some of your resources on the cost of care and reapply at a later date. As of today, if you spent the **amount of excess resources** above, your resources would meet the Medicaid limit.

To be eligible, your resources cannot exceed \$ _____
(total resources allowed for applicant & spouse above)

If your resources increase while you are paying the cost of care, you will need to spend more than the **amount of excess resources** above in order to meet the Medicaid resource limit.

Please call if you have any questions, or would like more detailed information.

Date sent

Case number

Prime number

Date of birth

Social Security #

Program

Branch code

Worker

Phone#